

BURGER LAW

Injury Trial Lawyers

Licensed in Missouri and Illinois

(314) 542-2222

BurgerLaw.com

April 17, 2020

VIA U.S. Regular Mail
& VIA CERTIFIED MAIL TO:

Department of Veterans Affairs
Office of General Counsel
Torts Law Group
810 Vermont Avenue, NW
Washington, D.C. 20420
Attention: Federal Tort Claims

Veterans Affairs Medical Center
Attn: Michael Newman
1 Jefferson Barracks Dr. Building 56
St. Louis, MO 63125

Re: Michael Steinway v. Department of Veterans Affairs (Rose Adex, Andrew Park and Emily Bahram-Ahi)

To Whom it May Concern:

Please be advised that I represent Michael Steinway for injuries he sustained on May 9, 2018, due to the medical negligence of VA employees, including Rose Adex, Andrew Park and Emily Bahram-Ahi, at John Cochran Veterans Hospital located at 915 N. Grand Boulevard, St. Louis, MO, 63106. We are hereby filing an administrative tort claim on Mr. Steinway's behalf.

Please find enclosed claimant Michael Steinway's completed Standard Form 95. Due to the large volume of medical records, bills, and other documents substantiating the allegations in the above-referenced claim, I produced these records on the enclosed flash drive. If you have difficulty accessing these records or need them produced in a different format, please let us know right away. Barnes Hospital required a password on one set of medical records in order to access them. The password is 07221962.

Please feel free to contact me should you have any questions on this matter. Thank you.

Very truly yours,

BURGER LAW, LLC

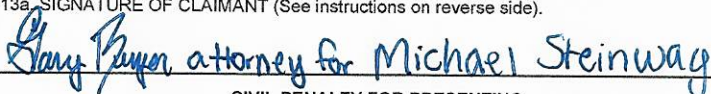
Gary K. Burger

Gary K. Burger, Jr.

GKB/gmf
Enc.

500 N. Broadway, Suite 1860, St. Louis, MO 63102
Phone: (314) 542-2222 Fax: 314-542-2229 gary@burgerlaw.com

EXHIBIT 1

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: United States Department of Veterans Affairs			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. Claimant: Michael Steinway, 5136 Whitsell Way, Pontoon Beach, Illinois, 62040 Attorney: Gary Burger, Burger Law, 500 N. Broadway, Suite 1860, St. Louis, Missouri 63102		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH 07/22/1962	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 05/09/2018 Tuesday	
7. TIME (A.M. OR P.M.) 5:26 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). On May 9, 2018, Rose Adex, Andrew Park & Emily Bahram-Ahi, in the scope of their employment at John Cochran VA Hospital, 915 N. Grand Blvd, St. Louis, MO 63106, were negligent & breached the standard of care in MO by discharging Claimant Steinway from the hospital without a responsible person just hours after heart surgery & let him drive his motorcycle while impaired by anesthesia, resulting in a crash causing him serious injuries on his way home from the hospital. They negligently failed to follow discharge protocol for patients who had surgery under anesthesia and failed to warn Steinway of risks of driving.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). None					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). None					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. Claimant sustained traumatic brain injuries, internal bleeding, nerve damage, respiratory failure, multiple fractures to the neck, nose, left tibia, fibula, foot, both hands/wrists, underwent many orthopedic/vascular/plastic surgeries, rehabilitative, occupational and physical therapy; medically induced coma 5 days, and other injuries. (See enclosed medical records and bills). Damages include past and future medical bills, expenses, pain and suffering, mental anguish, disfigurement, past and future lost wages.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Peggy Steinway VA Employees		5136 Whitsell Way, Pontoon Beach, Illinois, 62040 John Cochran 915 N Grand Blvd, St. Louis, MO 63106			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE 0.00		12b. PERSONAL INJURY 3,500,000		12c. WRONGFUL DEATH 0.00	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 3,500,000	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (314) 542-2222		14. DATE OF SIGNATURE 04/17/2020
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☒ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

Not applicable to this claim, but car insurance is Dairyland Insurance Company. Policy Number IL114086112

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No 17. If deductible, state amount.

Not applicable

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

Not applicable

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Not applicable

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

- A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
- C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

CONTRACT AND AUTHORIZATION FOR LEGAL REPRESENTATION

I, Michael Steinway, hereby retain and authorize the Burger Law Firm to represent me Michael Steinway, in my claim(s) against the Department of Veterans Affairs, its employees, and anyone else who may subsequently be determined to be liable on said claim(s) which arose out of medical malpractice on or about May 8th, 2018.


Burger Law, LLC agrees to investigate and prosecute said claim so far as in the firm's best professional judgment said claim(s) appears meritorious. The Burger Law Firm will receive twenty percent (20%) of any amount recovered in this case as attorney's fees if your claim is resolved prior to litigation. However, if your claim is litigated, the Burger Law Firm will receive one-quarter (25%) of any amount recovered in this case as attorney's fees.

Client understands and agrees that any and all costs and expenses incident to the investigation, preparation, and/or prosecution of this claim remain client's responsibility and that the Burger Law Firm is advancing these costs as part of this contingency fee agreement. If there is a financial recovery, client will pay the Burger Law Firm back those expenses. Client understands and agrees that if there is no financial recovery, the Burger Law Firm will not seek reimbursement for any costs or expenses. However, client agrees that any costs or expenses will be paid to the Burger Law Firm immediately if the firm is terminated by client before the conclusion of the claim(s). Internal office costs, such as copies, postage, faxes, telephone charges, mileage and other expenses will not be itemized and will be charged at a maximum one percent (1%) of the total recovery.

Neither party will compromise or settle this claim without prior notice to and consent of the other. I hereby authorize my attorneys, the Burger Law Firm to execute any settlement drafts or insurance company documents to effectuate settlement to which I have agreed – and grant the Burger Law Firm a limited power of attorney to do so.

CLIENT(S) SIGNATURE BELOW INDICATES CLIENT HAS READ, UNDERSTANDS AND AGREES TO THE TERMS OF THIS BINDING CONTRACT.

5/07/2019
Date


Client Signature